DOCUMENT RESUME

ED 289 132 CG 020 399

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TITLE	Testimony before Subcommittee on Labor, Health, and Human Services and Education.
PUB DATE	22 Apr 87
NOTE	12p.
AVAILABLE FROM	KM Associates, 4711 Overbrook Rd., Bethesda, MD 20816.
PUB TYPE	Viewpoints (120) -- Legal/Legislative/Regulatory Materials (090)
EDRS PRICE	MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS	*Contraception; *Family Planning; *Federal Aid; *Financial Support; Human Services; *Pregnancy
IDENTIFIERS	*Natural Family Planning

ABSTRACT

This document contains the testimony before Congress of a witness representing the New England Natural Family Planning Association and Natural Family Planning Education of Rochester, New York. The World Health Organization definition of natural family planning (NFP) is included which defines NFP as methods for planning and preventing pregnancies by observation of the naturally occurring signs and symptoms of the fertile phases of the menstrual cycle; abstinence from sexual intercourse during the fertile phase; and avoidance of drugs, devices, and surgical procedures to prevent conception. It is noted that national and international studies have established a method effectiveness of 98-99% for NFP. Four issues related to NFP are addressed in the testimony: (1) level of funding for NFP programs; (2) funding of qualified NFP services; (3) funding of NFP special projects at the federal level; and (4) recognition of the special needs of a NFP service. The testimony concludes by urging Congress to support with appropriate funding those who are providing natural family planning services to the community. (NB)

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ED289132

Testimony before Subcommittee on Labor, Health, and Human Services and Education

Date: April 22, 1987

Time: 2.40pm

Witness: Mary Shivanandan, KM Associates

Organizations Represented:

New England Natural Family Planning Association

Natural Family Planning Education of Rochester, Inc.

CG 020399

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TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

STATEMENT OF REGIONAL NATURAL FAMILY PLANNING ORGANIZATIONS

Mr. Chairman, and Members of the Committee

Today I have the pleasure of representing the New England Natural Family Planning Association, which consists of 19 NFP program providers from five New England states and one from Albany, New York. I am also representing Natural Family Planning Education of Rochester, New York.

Also here with me today are representatives of a great variety of public and private sector NFP programs, some of whom wish to be associated with my remarks in full. Others would make similar statements with minor changes.

In my testimony I would like to address four issues:

1. Level of funding
2. Funding of Qualified NFP Services
3. Funding of NFP special projects at the federal level
4. Recognition of the special needs of an NFP service

First for those who may still be unclear exactly what natural family planning is, I shall quote the World Health Organization definition:

> Methods for planning and preventing pregnancies by observation of the naturally occurring signs and

> symptoms of the fertile phases of the menstrual cycle. It is implicit in the definition of NFP when used to avoid conception that (a) drugs, devices, and surgical procedures are not used and (b) there is abstinence from sexual intercourse during the fertile phase....

National and international studies have established a method effectiveness of 98-99% for NFP. Use effectiveness matches other behavior-related methods, the diaphragm and condom--75 to 99%. We have provided a fact sheet on NFP for further information.

LEVEL OF FUNDING

A number of private NFP providers have had funds from public sources cut during the last few years. In view of this I was surprised to learn from the Office of Population that in 1984, the last year they had statistics, $12.5 million was spent for NFP in Title X programs --9.4 percent of total funds. In 1985, of the $5 million earmarked for the national priorities, NFP projects received $632,000 or 12 percent.

This does not coincide with the figures given to Dr. Anthony Gawienowski, New England Natural Family Planning Association, in 1985. At first he was informed that 7 percent of all monies for family planning was spent on NFP. When he asked for a breakdown of these figures through Rep. Silvio Conte 's Office, the figure was revised downwards to less than 1 percent. There is a marked discrepancy here. We know from the 1982 National Statistics on Family Growth that of the numbers of women 15-44 years of age using contraceptives, 4 to 5 percent were using natural methods. We would expect the funding to, at least, match these levels.

If the figures quoted to me by the Office of Population for

1984 and 1985 are correct, then the funding levels for natural family planning are not inappropriate unless you consider that public funding for natural methods lags behind other methods by several years. If, however, the figures given by Rep. Conte's office are correct, then natural family planning is seriously underfunded.

It is important that this discrepancy be looked into as soon as possible by your Committee.

QUALIFIED FUNDING RECIPIENTS

Besides the level of funding there is concern that the funds for NFP are not, in many cases, being well spent.

Since Title X legislation requires all federally funded family planning grantees to offer a broad range of services, including NFP, either the grantee subcontracts to an NFP program, hires available NFP instructors or trains current staff members. There is concern that experienced NFP providers in the private sector are being replaced by unqualified NFP instructors and programs purely to satisfy federal funding requirements. That does not mean that some Title X programs do not offer a quality NFP program. We have representatives here that disprove that.

However, there is concern that the NFP service dollar in many cases is not being well spent. I would like to cite a specific example. Providence Hospital, Holyoke, Massachusetts was a designated referral center for natural family planning from 1978 to 1983. The annual public funding of this well established NFP program rose from $9,350 to $29,387. In 1984 the federal

grantee, the Family Planning Council of Western Massachusetts, trained two NFP instructors and offered Providence Hospital only $8,000. They refused as it was not worth the paperwork required to process such small funding.

The clientele at Providence Hospital dropped by only 10 clients in 1984. It remained at the 200 new patient level with client visits also stable at 800 to 950 a year. In addition outreach to nursing schools, high schools, church groups and the general public reached an estimated 1037 persons. By contrast the Family Planning Council of W. Massachusetts saw only 10 new NFP clients and 7 old clients in both 1985 and 1986.

This means that Providence Hospital, whose services are open to all - they estimate that only one in 10 come for religious reasons - is serving most of the public's needs for NFP yet they have been deprived of public funding.

Why are most clients going to Providence Hospital for NFP and not to the current federal grantee? Let me draw an analogy here. Suppose you wanted your child to learn the piano and there were two paino teachers in the community. One teacher mostly gave lessons in how to operate a pianola - you know, put a tape in the piano mechanism so that the piano played by itself. Most of the children who came to her received this kind of instruction and only one or two insisted on learning how to play the piano themselves. The other piano teacher did not use the pianola at all but insisted on teaching the child how to master the keyboard himself. Such an approach takes much more time and effort on the

part of both teacher and child but along with learning the piano the child has the joy of mastering an instrument and really making music with it as well as learning discipline.

Which piano teacher would you choose to send your child to, even if it cost you more as a parent? The difference between teaching NFP in an environment where 90-95 percent of the clients are being given a drug or device to control pregnancy and one in which the client/couple is taught to master her/their fertility is similar. The community knows where the good teacher is. In W. Massachusetts, the community apparently knows where the good NFP program is.

This is not an isolated case. Figures in 1983 for new and old patients seen through Title X clinics in Region I (New England) show that the majority saw from 0 to 20. The one outstanding exception is NFP of Boston, which saw 688 new clients. NFP of Boston is an NFP provider, which receives federal funding on a regular basis. I have just been informed that an NFP provider in Pennsylvania with 15 years experience in NFP has lost funding in the same way that Providence Hospital did in Massacusetts.

There is great concern that the transfer of Title X funds to recipients poorly qualified to provide an NFP service and, as a result, attracting few clients, will convince those responsible for funding NFP, including yourselves, to reduce further the funds for natural family planning.

FUNDING OF NFP PROJECT AT THE FEDERAL LEVEL

We understand from the Office of Population that there was a proposal to disburse 50 percent of the $5,000,000 earmarked for the five national priorities, one of which is natural family planning, directly from the Office of Population and not through the regions as is currently done. This offers advantages to NFP because several issues of pressing importance need to be addressed on a national level, one of which is standards of NFP service. This proposal was not carried through in the current fiscal year. We urge that it be implemented in the next fiscal year.

SPECIAL NEEDS OF AN NFP SERVICE

As indicated earlier in my testimony, there is a need to recognize the different approach to managing fertility inherent in natural family planning. This has direct service implications. Whereas in a family planning clinic that dispenses drugs and devices, counseling takes place before choice of a method and none afterwards unless side effects create a problem, counseling virtually begins with the decision to use natural methods. In addition to learning how to chart the signs of the fertilie and infertile phases of the cycle, most couples need assistance in integrating the required abstinence into their relationship.

Here I would like to draw your attention to an article by Hanna Klaus, M.D. in the February 1987, NFPHRA News (newsletter of the National Family Planning & Reproductive Health Association, Inc). I would like it to be inserted into the

Congressional Record. Dr. Klaus gives an explanation of the differences of approach.

Another recent publication sheds light on this problem. It is called The Regulation of Sexuality, Experiences of Family Planning Workers by Carole Joffe, Professor of Social Work and Social Research at Bryn Mawr College. In her in-depth study of a large urban family planning clinic, she found that family planning workers did not feel they could send a teenage client away without a contraceptive, even if they were not yet sexually active and in spite of their own belief that postponing sexual activity would be the better course. This was because they perceived their role as providing family planning protection. Counseling abstinence was perceived as not providing such protection.

In such a climate, unless the dynamics of natural family planning are well understood and accepted, NFP or applied fertility awareness will not be convincingly offered or convincingly taught.

In the past there has been some disunity in the NFP community which has inhibited development of a national consensus on such issues as standards. In November, 1985, a National Core Committee on Natural Family Planning, consisting of those involved in NFP service and research both in the public and private sector, formed to address some of the major issues in NFP. This committee is meeting in Washington today and tomorrow. It is ready to address these issues provided the funds are

forthcoming and the mechanism provided to do so.

We urge you to support with appropriate funding and funding mechanisms those who are providing this valuable natural family planning service to the community.

FACTS FOR LEGISLATORS - NFP AND TITLE X

What is natural family planning (NFP)?

Methods of birth regulation based on biological facts and scientific research without intervention of any kind. It is not "rhythm." "Rhythm" tried to predict the future based on past history. NFP uses daily body signs to tell accurately if this day is fertile, possibly fertile, or infertile. If prevention of pregnancy is desired, abstinence is necessary during the fertile days.

Who can use NFP?

Every woman can use NFP throughout her reproductive life. Those with long cycles, short cycles or irregular cycles can use it. Young women, women who have recently delivered a child and women approaching menopause can use NFP.

Is NFP effective?

Yes, it is. According to HHS Publication No. 80-5621, when learned and used properly, NFP is as effective as any propoerly used artificial birth control method.

Is it hard to learn?

Not as difficult as driving a car. It has been taught to illiterate couples, couples of all ethnic and religious persuasions and to couples where the woman was blind or mentally deficient.

Is it expensive?

No. A special thermometer is recommended. Once the method is learned, the couple becomes autonomous.

Isn't the abstinence required impossible?

Making sacrifices for one's family is not always easy, but love and communication make it possible. Since both partners are involved, couple communication improves and the marriage bond is usually strengthened.

What are the advantages of NFP?

Briefly:

- No health problems
- No side effects
- Easily reversible--can be used to plan or prevent pregnancy
- A "couple" method
- Easy to learn by all

MORE

Inexpensive to use
Can be used throughout a woman's reproductive life including breastfeeding and premenopause
No interruption of coitus
Couple autonomous after initial learning stage
Enchances couple relationship
No danger to baby if unplanned pregnancy should occur

What is fertility awareness?

There are two different meanings to the term now in use
1. The original meaning, teaching the biological facts of the woman's reproductive system including the physical signs present throughout her cycle that indicate fertility or infertility. This is appropriate for high school students. It gives them an awareness of how their beautiful body works. Preliminary studies show that taught in the context of values sexual activity among unmarried teens declines.
2. The teaching of the reproductive system as above plus the use of barrier contraceptives during the fertile time. (This is the one time in the cycle when barriers can fail.)

Doesn't Title X designate a set amount for NFP?

Yes, but this amount is minute (less than 1% in 1985) compared to funds allocated for other means of family planning. As more and more couples become disenchanted with other methods, they are turning to NFP and will need instruction.

Aside from funding, are there other problems with Title X?

Yes. Title X requires that only programs and clinics which provide for all methods of family planning may receive direct funds. Clinics and programs which specialize in NFP alone are ineligible except as subcontractors.

Why don't these programs provide methods other than NFP?

Many have moral objections to methods other than NFP.

Are there advantages to programs that specialize in NFP?

Yes, there are two major advantages.
1. The teachers are convinced of the effectiveness and advantages of NFP; they are using it themselves.
2. The teachers have received extensive training, often lasting six months or more. In addition teachers take the time necessary to instruct each client until the woman/couple is autonomous.

Source: "Facts for Legislators--NFP & Title X," by Mary Jeanne Hickey, The Living Cycle, (The Newsletter of New England Natural Family Planning) Vol. 6, No. 3, Spring 1986